PART B - FEE(S) TRANSMITTAL

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Robert V. Wild Attorney at Law 4235 Kingsburg	der	SEP 0	1 2006 I her State addr trans	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Round Rock, TX	K 78681	TO FEAT				(Depositor's name)
		TIME .				(Signature)
				·		(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/817,100	03/26/2001		Rabindranath Dutta	AUS920010152US1 7732		
FITLE OF INVENTION	: THIRD PARTY MER	CHANDISE RETURN M	ETHOD, STORAGE MED	DIUM AND IMPLE	EMENTING SYSTEM	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/15/2006
EXAMINER ART UNIT		CLASS-SUBCLASS				
GART, MATTHEW S		3625	705-026000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp GNEE 770NAL BUSINE	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY ARMONE, NE	atent. If an assigne assignment の形で and STATEORで でいる	0UNTRY) 1400.06 1504 100.06 0504	
1a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 69-0441 (enclose an extra copy of this form).			
a. Applicant claim	tus (from status indicate is SMALL ENTITY statu id Publication Fee (if req records of the United Sta	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 C	
Authorized Signature	Robert V.	Waldro		Date 8	-29-2006	

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